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ABSTRACT

The paper examines a developmental approach to language acquisition in young disabled children. Issues of form, content, and function are explored, with function of communication seen as central for disabled children. The role of teachers and parents in requiring more sophisticated language is considered. Questions of competence on either the infant's or the mother's part are raised along with factors affecting the environment. The authors stress the importance for most disabled language learners of providing the most normal environment possible. They further suggest that the forms expected of a child should be age- and environment-appropriate. The epigenetic principle is said to indicate the value of normal development for instruction, and mothers should follow the lead of younger and/or less competent children to ensure meaningful communication. (CL)

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DEVELOPING LANGUAGE IN YOUNG DISABLED CHILDREN

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Within the history of special education approaches to language development, there have been two competing "meta-theories" about how language development for disabled children is best managed. By and large, one or other of two approaches has been adopted. On the one hand, it has been considered that the language disabled child's problem is such that he needs special procedures and techniques to overcome the problems which he has in language learning. There is a long history of that approach, ranging from such special "prostheses" as the Fitzgerald Key and the Barry Five Slate System (Moore, 1978) in education of the deaf to DISTAR which is used in both special and general education.

On the other hand, there has been an approach which takes the that if one approximates as closely as possible the normal processes and circumstances of language acquisition then one will be doing the optimum for the disabled child, even though his disability may impose some problems for his learning.

In general, the position that we are putting forward in this paper is the second of these: that, as a general theory of development of disabled children, if one can determine and adhere to the normal processes of language acquisition then one will be providing the optimum conditions for the disabled language learner.

What is meant, then, by "normal language development"? Firstly, it can be said that normal language development means that the language of the child should be "age-appropriate" in form, content and function. Secondly, recent theory implies that there are epigenetic stages in language development: each stage grows out of preceeding stages and later learning will not take place as efficiently (if at all) unless these earlier stages have been proceeded through. Thirdly, there is the notion of development of competence in communication. Fourthly, we think that content and function in language are almost inseparable and precede form, both proximally (as regards what the child is saying at any given moment) and also distally, in that epigenetic process of development mentioned above. This last has been very well summed up in the theorem of Slobin (1973) which says that "New forms first express old functions and new functions are first expressed in old forms (p.184)". We will come back to that notion several times through this paper, as it has strong implications for development of communication in language disabled children. McLean and Snyder-McLean (1978) express a very similar notion when they say, "Language is first acquired as a means of achieving already existing communication functions. These preverbal functions seem to be directly related to the functional or pragmatic aspect of later language (p.78)."

Preverbal communicative functions seem to be related to the functional uses of later language and therefore we need to draw the important distinction between communication and language. Language is required for verbal communication and has its roots in preverbal precursors of language which need to be taken into account in any epigenetic theory of language development.

Let us look, then, at the three aspects of language: the form, the content, and the function.

Form we will say little about in this paper. It can be taken,

for most purposes, to mean the "surface structure" of the utterance (both syntactically and phonologically).

As far as content is concerned, it is, in general terms, what is talked about by the individual communicating and involves relationships among the entities referred to. Probably function is the most important thing that should be stressed, because we believe there is a balance which needs to be redressed as far as the relationship between form and function is concerned; the functional aspects of language use are, perhaps, even more important than the form in which they are expressed. The functional aspect of language is best summed up as being "the purposes to which language is put or the purposes for which it is being used". McLean and Snyder-McLean (1978) point out that it is not enough to have form: "in order for a child to use language the child must have not only something to say (content) and a way to say it (form) but also a reason to say it (p. 48)... Language is acquired because, and only if, the child has a reason to talk (p. 78)".

All too often, programmes which have been used in developing language in disabled children have concentrated on giving the child something to say and the form in which to say it, without giving the child a reason for saying it. The linguistically competent child must learn all three of these aspects of language: he must learn the functions of language (and it will be argued that functions are epigenetically prior to standard form); he must learn content (he must have something to talk about); and he must also come to use the normal standard forms of the language.

Given that these are the kinds of things that normally developing infants need to learn and do learn, one can ask, "How does the normally developing infant learn these things?"

Function, we would argue, can only be learned in meaningful authentic settings (Power, 1981). Epigenetically, function's earliest expressions are not in verbal terms but in vocal and manual "gestures" and other "body acts" used to achieve goals, used as instruments for getting what one wants in the way that Halliday (1975) has talked about. He proposes that "Nigel's" first attempts at communication were in gesture and vocal (non-verbal) means and Piaget (1926) similarly talks about the "instrumental use" of gesture. Function can only be learned by the child's engagement in communicative acts with responsive others, and as Byers and Byers (1972) have said

Learning skilled performances and accumulating knowledge are not substitutes for acquiring competence in managing human relations. When this is applied to the education of children, we believe that the only way communication is learned is through the full involvement of the adult, the parent, or the teacher, with the child. To talk to, to read to, to lecture at - these are not participation. They are not at all communication involvement. They are performances by adults for children. In order for a child to acquire competence in the full range of human communication, some adults in his world must "take him seriously" in direct human involvement. Only then can a child begin to imitate adult communication behaviour and learn it through the process of corrective feedback. Only then can a child discover meaning and values in the messages and subject matter he is being taught and only then can he discover himself in the world of people (p. 29).

This accurately summarizes the relationship between form, function, and content in language learning, and for disabled language learners, as for others, function is primary, and form and content grow out of the need to express one's self about something in one's world. Bruner (1975) and others have suggested what the preverbal precursors to the kinds of communicative interaction we're talking about may be like; the child, in a sense, is able to learn language because he has already learned conversational interaction skills, "one person has the speaking turn at a time"; "listen when the other person speaks"; "speak when the other person isn't speaking", and so forth. These are all learned skills. They are not ones that the infant has "built-in" and these kinds of learnings take place in non-verbal modes some months before recognisable verbal language begins to emerge.

It is an interesting question in this context to ask why language proceeds to higher and more complex levels at all? Brown (1973) has pointed out in an interesting passage that very often the small infant's cries, gurgles, glugs, shrugs, tugs and pulls will get him most of the things that he wants. Brown says that we don't really know why the child proceeds to higher levels of complexity of language when relatively more primitive forms will usually get what he wants.

We don't think it's quite that obscure. Bruner (1980), as so often, has a delightful phrase for this process. He says that the reason why children proceed to higher levels of complexity is that mother "ups the ante". She pushes the child along towards more complex language when she feels that he is capable. In many ways, we think that the task for us as teachers and clinicians working with the disabled language learner is to know when to "up the ante". It is a very difficult business. It is a difficult task for a teacher of the deaf or a teacher of the intellectually handicapped or a teacher of any other disabled

language learner to be able to keep that nice distance ahead, appropriately upping the ante. We seem to have a very good set of acquired skills as far as ordinary children are concerned and we are able to automatically up the ante at the right moment and keep that nice distance ahead. One of the most difficult tasks we face in special education settings is to up the ante to just the right level at the right time, because that gap between performance and age with the disabled language learner seems to throw us off course. Experience and intuition suggest that there are rules that apply to upping the ante, but it is something that urgently requires research.

We would see this upping the ante in order to extend the complexity of the child's language skills as being central to normal language acquisition and also for the language acquisition of disabled learners.

It becomes an important question to ask how does the mother decide when an utterance is acceptable or not, and how does she decide whether she should up the ante at this particular time. The phrase that is used often in the literature in this regard is that mother is "tuned" to the child's utterances; tuned to the extent that she unconsciously monitors the balance of content, function, and form in the child's utterances and if, for example, she feels that in a particular child utterance both content and function are well established, she may then encourage (in ways that we'll examine later) the child to use a more complex form. When the mother is confident that the child has the function under control she is not averse to putting some pressure on the child to improve the complexity and level of the forms in which he expresses that function. When she feels that the child has not yet got that function under control, she will not demand higher levels of correctness of form. Again, that is something that we have not handled well as far as the disabled language learner is concerned; we have been too concerned with form at the

expense of the development of functions. We are probably all familiar with that literature which indicates that if one does concentrate on form too soon, too early, one gets that "impenetrability of grammar" that David McNeil (1970) has talked about; that famous exchange which is often quoted in which a child comes to mother and says:

Child Nobody don't like me

Mother No, say "nobody likes me"

Child Nobody don't like me

.

.

.

(eight repetitions of this dialogue)

.

.

.

Mother No, now listen carefully:
say "nobody likes me"

Child Oh! Nobody don't likes me (p. 106).

McNeil thought that impenetrability of grammar made "correction" ineffective unless the child's pre-existing rules were ready to accept change.

Well, how does the mother go about obtaining a higher level of contribution from the child? Most naive mothers (naive in the sense of not having had any linguistic or psycholinguistic training) we now know well from the literature, do not go around correcting their children. In fact, it is becoming very clear from the literature that direction and correction of children's language may be entirely counter-productive and we think there

are lessons for us, as special educators, to learn from that literature. Nelson (1973), for example, has shown that during the early stages of language development, direction is counter-productive. She says, "Active control and premature differential enforcement retards rather than advances progress. It is the generally accepting mother who appears to be most facilitative; selective responding, for example, correcting early errors is unproductive (p. 113)". Similarly, Bruner (1975) observes that correction may inhibit the child's development of the language and not improve it, "it is often the case that mother's correction of a 'mismatch' inhibits the interchange (p. 15)". You may recall that UNESCO once asked a number of outstanding child development theorists to write a book expressing their views on how child development proceeds. The book that Piaget (1973) wrote in answer to that commission was called To Understand is to Invent, and there is a clear indication right throughout Piagetian theory that one must, as it were, invent one's world -- in our context, invent one's language anew for oneself. The child must come to, and formulate, his own rules and not have them imposed upon him. Bowerman (1978) says a similar kind of thing in talking about a language training session in a special education context, "In the typical language training session the therapist continually directs the child's attention and asks him to focus on certain materials, whether they happen to capture his interest at the moment or not. In addition, she provides constant feedback on the accuracy of his performance. These are exactly the kinds of interruptions that appear to be the least conducive for language development... (p. 174; stress added)". We feel that there are quite clear implications for the inappropriateness of the more directive and "constructivist" (Van Uden, 1978; 285.) approaches to language teaching as far as that kind of research evidence is concerned. Mothers obtain the language that they feel the child is capable of by the quality and nature of their responses to the child in conversation. Maternal responses act as feedback to the child

regarding the effectiveness and correctness of his contribution. This feedback operates in and through the dialogue and does not have any metalinguistic character. We will not take the time this afternoon to develop the notions of expansion, expatiation, modelling and the other kinds of interactive conversational aspects of language development that are now well established in the literature (Power, 1975; Snow and Ferguson, 1977.)

Via these processes, the child's language develops normally, but implicit in all of this is that both parties in the language development task (mother and infant in the paradigm case) need to be competent partners. They both need to be able to bring something to the language learning task, and if either of them is "incompetent", then the process of language learning may not proceed normally. (We won't be too concerned with the "incompetent" mother, although obviously some mothers are much better than others at raising the ante, thus developing the child's language and increasing his communicative skills. In any setting, in the regular school, in special education, or in the early intervention setting in particular, the mother's skills are something that one needs to be very concerned with and constitute a set of problems of their own. We are just going to remind ourselves that these problems exist, and then pass over them. We want to concentrate this afternoon on the child as one of the incompetent partners.)

Cross and her Melbourne group (see the paper in this volume) have been working for some time now with language-delayed children and their mothers, and hearing-impaired children and their mothers, and she goes so far as to speak of the incompetent child producing a "crippled communication dyad". Thus, the kinds of interactive difficulties that occur for these children in language learning may be a downward spiral, so that as the child becomes less and less competent vis-a-vis his age mates, so the mother becomes less and less competent to deal with his

decreasing rate of growth of competence. The effect of this may "maintain" the child's language disability (Bloom and Lahey, 1978). An essential task of early intervention in language, and in general social and cognitive development as well, is to prevent this crippling maintaining effect in the communication dyad when the child has what Bloom and Lahey call a "precipitating condition" for a language disorder. Whether that precipitating condition is hearing impairment, brain damage, moderate or severe mental retardation, cerebral palsy, or some other cause, how can deleterious outcomes of interaction (maintaining factors) be prevented? The very interaction between mother and the language disabled learner may result in environmental conditions that maintain and exacerbate the problems that already exist.

We think that to gain some insight into answers to that question, we need to look at the whole notion of "incompetence". What does it mean to say that a child is incompetent? It is quite clear that all children are incompetent linguistically when compared with adults; decreasingly so as they develop more and more closely towards standard adult levels. Some children are incompetent when compared with their age peers and that comes back to the notion of "age-appropriateness" with which we introduced this paper. At some point on that continuum of incompetence this non-equivalence with age-peer development becomes a "language disability".

Incompetence may well be an outcome of unsuccessful interactions between the child and his environment. Early intervention can thus be seen as the provision of an environment which will maximize the child's competence.

As intervention is the provision of an environment which will facilitate or maximize the child's competence, it is, then, a reasonable question to ask how we recognize the "competence facilitating environment". As yet, we have very few measures of what one might call the "proximal" characteristics of that environment; we have not yet got very many good measures of whether what one has just said to an infant was facilitating or not. However, the characteristics of the normal environment are becoming clearer, (Snow and Ferguson, 1978; Waterson and Snow, 1978; Nelson, 1973; Cross, in this volume). This literature has now become quite large and we are increasing our knowledge of the characteristics of the normal environment. There are descriptions now available of the kind of interactions that normally take place between infants and mothers, and as these become clearer we may be able to develop from them some measures of the adequacy of a linguistic environment. Many of us who are experienced clinicians or teachers may believe that we have a good "feel" for a facilitating environment, but those of us who have been placed in the situation of advising mothers on how to go about facilitating the language and communication of their children feel very much at a loss as to what exactly to say to a mother about what she should do in a particular interaction.

In a broader sense, as far as the "distal" characteristics of the linguistic environment are concerned, we do have simple measures, and we will come back to talk about some of these below.

Another central issue we want to address, and one that is still unresolved, is whether we should provide normal conditions for the "abnormal" child, or whether the presence of an abnormal child necessitates the provision of an abnormal language environment. This comes back to what was noted above: the notion that there are competing theories as to whether the environment needs to be changed because of the child's precipitating disabling condition, or whether an environment as

close as possible to the normal language learning environment will be the optimum environment also for the language disabled child. It is our belief that if one gets as close as one possibly can to the normal environment, and the characteristics of the normal environment, one is providing the optimum for many disabled language learners. We are not among those who would say that all communicative disorders share the same basis and that there are across-the-board general principles of remediating learning disabilities. We think that it does make a difference as to whether the precipitating condition is severe intellectual handicap or hearing impairment (without additional intellectual handicap) and that it may not be advisable to seek one single approach for children with language learning problems.

At the same time, we think that some general principles may be applicable to specific cases. One proposal that might be put forward in this area is what we call "The Principle of Minimal Change", and we think that this is one we need to consider in special education settings. The Principle of Minimal Change implies that we should change the environment of the disabled language learner only as much as is absolutely necessary, leaving other aspects as unchanged as possible. What does that mean? Let us give you an example from our own field which is education of the hearing-impaired. We obviously cannot here address all of the arguments in favour of introducing Total Communication, a manual supplement to oral education, for significantly hearing-impaired children, but we think a good example of the Principle of Minimal Change is the necessity, as we would see it, to introduce Total Communication to a significantly hearing-impaired child from the age of diagnosis. In doing that, one in a sense "abnormalizes" the environment by introducing to the significantly hearing - impaired child a quite obviously "abnormal" method of communication. However, the provision of this communication method allows mother and infant to more easily meaningfully interact, one with the other. It seems unnecessary,

for example, to exhort the mother to "imitate" the child's attempts at communication since such maternal behaviour may well interfere with the natural process of interaction. Thus one doesn't want to change the kinds of interactions that mothers have with hearing-impaired infants, and traditional guidance procedures have done just that. (It might be noted at this juncture that some of the most linguistically competent deaf children are those of hearing-impaired parents). We have tended to sit mothers down with two-year-olds, three-year-olds and four-year-olds and have them doing quite formal lessons with the speech trainer on the table, and so forth. Those procedures abnormalize the "interaction" environment. Change only what is necessary (in this case, add signing and fingerspelling to the communication matrix) in order to be able to retain the interactions that are crucial to language development.

We would argue that in many of the more structuralist and behaviourist programs that we have used and are using, there is a danger that these programs change too many aspects of the interactive process so that the situation becomes too deviant, too different. This will, therefore, lead to non-authenticity of the language learning environment (Power, 1981) and produce just those maintaining conditions that Bloom and Lahey (1978) refer to. These conditions institutionalise the precipitating condition and lead to the deviant language and social behaviours which have been noted with many handicapped groups; with handicap becoming, as it were, a way of life.

Another general epigenetic principle that we need to consider is that programming for language development must go back before the development of words. To follow normal developmental stages as closely as possible, and in particular to ensure the child's authentic involvement in his language learning situation, the child must be allowed to lead and the mother must be willing to follow. There is research evidence that the younger the child

and the less competent the child is, the more the mother follows him, rather than vice versa. The older the child and the more competent the child, the freer mother feels to lead him, because she can be reasonably confident that he will be able to follow. When she knows through that process of feedback that is continually going on between mother and infant, that he is not yet competent, she follows him.

If one thinks that function is a central aspect that needs to be developed in children, one could reasonably ask what the targets should be as far as teaching is concerned. In this regard, there are categorizations available, from relatively simple ones like that of Halliday (1975) to the more complex functions outlined by Tough (1977); summarized well by McLean and Snyder-McLean (1978).

As far as what emphasis should be placed upon the development of language forms, the Epigenetic Principle offers another generalisation : the forms expected of a child should be age- and environment-appropriate. The literature and our own experience indicate that children do not immediately use standard forms, but gradually approach them through stages formed from their approximations and feedback from the linguistic environment. We do not expect mature terms from ordinary children immediately, nor should we expect them from the language disabled child of the same age (indeed, because of his "precipitating condition" we should give him considerable age leeway in development of form).

A principle that is often overlooked, particularly with more severely disabled children, is that form need only be "environment-appropriate". By this we mean that not all children should be expected to develop all standard forms. An experienced judgement needs to be made as to the likely demands of the child's future environment as far as language is concerned, and developmental demands for formal correctness based upon that. A

pressing research need in this area is to examine the demands of the "daily round" of disabled people to enable us to set realistically achievable and necessary goals for their curricula (in many areas other than language also; Power, 1981). (One must be careful, of course, to continually review these expectations in order to keep them as appropriate as possible.)

Let us summarise by saying that four principles seem to us to emerge from the recent language literature and research:

- (i) The Epigenetic Principle: we need to follow a normal developmental line and look back on the stages of normal development in order to determine what are appropriate levels and stages of developmental language to expect of the disabled child.
- (ii) The Principle of Minimal Change: as far as possible we would introduce only those changes which are absolutely necessary into a language learning environment in order to normalise and maintain the normality of that language learning environment.
- (iii) The Principle of Age- and Environment-Appropriate Form Demands: expectations of the level of form demanded of the child should be realistically attuned to his capacities, age and living environment.
- (iv) The Principle of Maternal Following: which says that the mother should follow the lead of the younger and/or less competent child in order to be sure that meaningful communication is taking place.

Let us finish by quoting Brown (1977), who, as so often, expresses well what all this amounts to:

'How can a concerned mother facilitate her child's learning of language?' My answer ... is as follows: 'Believe that your child can understand more than he or she can say, and seek, above all, to communicate. To understand and be understood. To keep your minds fixed on the same target. In doing that, you will, without thinking about it, make 100 or maybe 1000 alterations in your speech and action. Do not try to practise them as such. There is no set of rules of how to talk to a child that can even approach what you unconsciously know. If you concentrate on communicating, everything else will follow (p. 26)'.

This is the attitude and practice that we need to be inducing in mothers of children with language-learning problems in order to maximize the opportunities of those children to learn to communicate.

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